Citigroup.com

CitiDirect® Card Management System

01700-WENDY STUTZMAN

What's New Help Home Logout

Inbox | Card Management | LOA Management | Hierarchy | Reporting | Inquiry | Assistance

Reports

ad hoc Reports

Program Review - MART

CitiDirect® System

01/31/2004

Home

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LEVEL 5 APC LOGIN PAGE

DON eBusiness Operations Office : MART Application

Level 5 - Monthly Review
Activity Report Card

Hierarchy: 00000-00000-00000-00000-000000 Cycle Ending: MM/DD/YY Activity Name: xxxxxxxxxxx

	Previous Cycle DD-MON-YY	Current Cycle DD-MON-YY	Indicator
Span of Control Policy Exceptions:			
- Cardholders to AO (Number of Accounts over 7:1)	Number	Number	
Activity Span of Control:			
- Cardholders to APCs (Number of Accounts over 300:	Number	Number	
Number of Accounts with 30+ Days Delinquency Over 2	Number	Number	
Number of Inactive/Never Used Cards	Number	Number	
Number of Convenience Checks over $2500	Number	Number	
Spending Ratio	Number	Number	
Number of forced MCC transactions	Number	Number	

Cancel Save Next

Level 5 - Monthly Review
Activity Report Card

Hierarchy: 00000-00000-00000-00000-000000

Activity Name: xxxxxxxxxxxx

Span of Control Policy Exception: Cardholders to AO (Number of Accounts over 7:1)

Hierarchy	AO Name	Number of Accounts Assigned to AO	Resolution
5 - 6 - 7 00000-00000-00000	Name	Number	-- Select One If Other, then provide comments Comments: Mandatory field if Other is chosen (75 character field)

Drop Down:
Close Account
Move Cardholder to an existing AO
Move Cardholder to a new AO
Other (explain)

Cancel | Save | Next

SPAN OF CONTROL 1:7

DON eBusiness Operations Office : MART Application

Level 5 - Monthly Review
Activity Report Card

Hierarchy: 00000-00000-00000-00000-000000

Activity Name: xxxxxxxxxxx

Activity Span of Control: Cardholders to APC (Number of Accounts over 300:1)

You have# of accounts.

What action will be taken to resolve this out of control con -- Other

If Other, then provide comments

Comments:

Mandatory field if Other is chosen
(75 character field)

Drop Down:
Close Account(s)
Move Cardholder(s) to an existing APC
Move Cardholder(s) to a new APC (requires setup of new hierarchy)
Other (explain)

Cancel | Save | Next

SPAN OF CONTROL 1:300

DON eBusiness Operations Office : MART Application

Level 5 - Monthly Review
Activity Report Card

Hierarchy: 00000-00000-00000-00000-000000

Activity Name: xxxxxxxxxxx

Delinquency: Accounts over 30+ days delinquent greater than 2%:

Hierarchy	AO Name	Delinquent Amount	Delinquency Ratio Metric	Resolution
5 - 6 - 7 00000-00000-00000	Name	Dollar amount	SUM of 30 + days SUM of Current balance Percentage	-- Other If Other, then provide comments Comments: Mandatory field if Other is chosen (75 character field)

Drop Down:
Researching STARS/SABRES (exception reports
Process revision
Working with DFAS
Working with Citibank helpdesk/CAS
Other (explain)

Cancel | Save | Next

Level 5 - Monthly Review
Activity Report Card

Hierarchy: 00000-00000-00000-00000-000000

Activity Name: xxxxxxxxxxxx

Inactive/Never Used Cards:

Hierarchy	Cardholder Name	Account Number	Last Transaction/Date Issued	SingleTransactionLimit	Resolution
5 - 6 - 7 00000-00000-00000	Name	Number	MM/DD/YY	Dollar Amount	-- Other If Other, then provide comments Mandatory field if Other is chosen (75 character field)

Drop Down:
Close Account
Contingency Account
Deployed Account
Other (explain)

Cancel | Save | Next

INACTIVE OR NEVER USED CARDS

DON eBusiness Operations Office : MART Application

Level 5 - Monthly Review
Activity Report Card

Hierarchy: 00000-00000-00000-00000-000000

Activity Name: xxxxxxxxxxx

Convenience Checks over $2500:

Hierarchy	Cardholder Name	Account Number	Merchant	Transaction Amount	Posting date	Resolution
5 - 6 - 7 00000-00000-00000	Name	Number (last 6 digits)	Name	Dollar Amount	MM/DD/YY	-- Other If Other, then provide comments Comments: Mandatory field if Other is chosen (75 character field)

Drop Down:
Close Account
In support of contingencies declared by the Secretary of Defense
Other (explain)

Cancel | Save | Next

CONVENIENCE CHECKS OVER $2500

Level 5 - Monthly Review
Activity Report Card

Hierarchy: 00000-00000-00000-00000-000000

Activity Name: xxxxxxxxxxxx

Spending Ratio:

Hierarchy	AO Name	Highest Spend over last 12 months	Current Month Credit Limit
5 - 6 - 7 00000-00000-00000	Name	Number	Number

Cancel | Save | Next

SPENDING RATIO

Level 5 - Monthly Review
Activity Report Card

Hierarchy: 00000-00000-00000-00000-000000

Activity Name: xxxxxxxxxxx

Forced Authorization Transactions:

Hierarchy	Cardholder Name	Account Number	MCC	Merchant	Transaction Amount	Posting date
5 - 6 - 7 00000-00000-00000	Name	Number (last 6 digits)	Number	Name	Dollar Amount	MM/DD/YY

Validation reason:

Mandatory field for each transaction listed
(75 character field)

Cancel | Save | Next

FORCED AUTHORIZATION TRANSACTIONS

Level 5 - Monthly Review
Monthly Review Questions

Hierarchy: 00000-00000-00000-00000-00000

Monthly Review Questions

Activity Name: xxxxxxxxxxxx

Level 5 Reported

Number of Accounts that have a transaction limit over $2500?	(bank fills in)
How many Cardholders have a Transaction Limit >$2,500 with Contracting Officer Warra	Number
How many Cardholders have a Transaction Limit >$2,500 with delegations other than Contracting Officer Warrants?	Number
How many Cardholders are in your program?	Number
How many Cardholders in your program have documented evidence of training?	Number
How many AOs are in your program?	Number
How many AOs in your program have documented evidence of training?	Number

Cancel | Save | Next

Transaction Summary

Change Billing Cycle

Billing Cycle: 04/22/2003 to 05/21/2003 Note: Default is current Billing Cycle

Select Hierarchy level Link or Number Link to review transactions

Hierarchy Level	Assigned	Unreviewed	In Process	Returned	Completed
01700-00017-00060-00001-12345	11	3	2	1	5

Select Transaction Link for Review

Cardholder Acct Nbr	Cardholder Name	Transaction Date	Transaction Amount	Merchant Name	Review Status
123456	Andrews, Phillip K.	02/23/03	$2,489.00	KMart	R
234567	Cary, Michael P.	02/27/03	$720.00	Macy's	R
765432	Chilcote,Percy A.	02/27/03	$1,742.21	Lowe's	Y
896543	Dennis, Patrick A.	03/01/03	$2,234.99	Home Depot	Y
998766	Smith, Jessica R.	03/10/03	$12,324.33	Crate & Barrel	R
998871	Thomas, Brad O.	03/11/03	$980.26	Walmart	

Color Key	Unreviewed	In Process (Saved as Draft)	Returned

Transaction Details

Transaction Information	
Transaction Date:	02/27/03
Transaction Amount:	$1,742.21
Merchant Name:	Lowe’s
Merchant Category Code:	1234
Tax Amount:	$25.40
Cardholder Detail	
Account Number:	**********765432
Name:	Chilcote, Percy A
Work Phone:	717-555-1234
Email Address:	Yourname@youremail.com
Hierarchy Level:	01700-00017-00060-00001-12345-88888
Account Status Code:	BN
Single Transaction Limit:	$2,500.00
Approving Official Detail	
Name:	Brad A Dillon
Claimant:	USMC Camp LeJeune

Question 1

Question 1

List the items/services purchased in this transaction.

Item/Service Descripti

If level 3 data is available, bank will populate. If not, APC w
to provide text description of items purchased.
<maximum 255 characters allowed>

How was validity determined? Provide the explanation/justification for the item/service associated with this transaction.

This field is mandatory
<maximum 75 characters allowed>

NOTES

Question 2

Question 2

Did this transaction meet a valid requirement?

☐ **Yes**

☐ **No (If your answer is 'NO', select at least one reason from the following table.)**

	Personal Use
	Exceed Minimum Need
	Compromised Card
	Prohibited Item
	Disputable Transaction
	Other

Mandatory text field if 'Other' is chosen.

<maximum of 25 characters allowed>

Question 3

Question 3

Was this requirement split into multiple transactions to circumvent the micro-purchase threshold?

- ☐ **Yes**
- ☐ **No**

Question 4

Question 4

Was screening for mandatory sources performed and were they used?

☐ **Yes**

☐ **No (If your answer is 'NO', select at least one reason from the following table.)**

	Waiver
	Item Availability
	Source Not Competitive (FPI/UNICOR)
	Resale Merchandise (by Authorized Agencies)
	Existing Government Contract
	Did Not Follow Policy
	Other

Mandatory text field if 'Other' is chosen.

<maximum of 25 characters allowed>

Question 5

Question 5

Regarding the transaction documentation, were any of the following items retained?

☐ **Yes (If your answer is 'YES', select at least one reason from the following table.)**

	Transaction Receipt
	Packing Slip
	Proof of Delivery
	Vendor Invoice
	Other

Mandatory text field if 'Other' is chosen.

<maximum of 25 characters allowed>

☐ **No**

Question 6

Regarding the transaction documentation, was this transaction recorded in the cardholder's log?

- ☐ **Yes**
- ☐ **No**

Question 7

Question 7

Regarding the transaction documentation, was the property manager notified of items to be recorded in the accountable property log, to include pilferable items?

☐ **Yes** Insert applicable asset/property tag number in the following field <maximum 25 characters allowed>

☐ **No**

☐ **N/A (not required by property manager)**

Question 8

Question 8

Was a proper separation of function performed?

- [ ] **Yes**
- [ ] **No**

Actions Taken/Planned & Certification Assessment

Based on your responses, the following actions table must be completed.

ACTIONS TABLE

Actions Table	Planned	Taken	Date
Verbal counseling			
Admonishment			
Re-training			
Elevate to investigative agency			
Elevate through chain of command			
Card suspended			
Card cancelled (by APC)			
Cardholder reimbursement to program			
Dispute the transaction			
Reverse transaction with vendor credit			
Notify Bank and cancel card (cardholder initiated)			
Formal letter of reprimand			
Reduction in grade			
Suspension of employee			
Removal of employee / equivalent to military "administrative separation"			
Resignation in lieu of removal			
Article 15 (military only)			
Court Martial (military only)			

CERTIFICATION ASSESSMENT CATEGORY

I certify that this transaction is:

	Valid
	Misuse
	Abuse
	Potential Fraud

Additional comments:

(optional text field)
<maximum 255 characters allowed>

Certification Assessment | Cancel

Go to Transaction 1 2 3 4 5 6 ...

(number is dependent upon the number of transactions the APC needs to review)

APC5 ACTIONS TABLE/ CAC

Level 5 - Monthly Review
Submission Confirmation

Hierarchy: 00000-00000-00000-00000-00000

Activity Name: xxxxxxxxxxxx

Your monthly review is complete. Are you ready to submit to your next level APC for review?

Yes No

Cancel Exit

CONFIRMATION PAGE

Level 5 - Monthly Review
Activity Report Card

Hierarchy: 00000-00000-00000-00000-00000

Activity Name: xxxxxxxxxxxx

Thank You

Your response has been submitted and is now available for review by your next level APC.

Cancel

Exit

SUCCESSFUL SUBMISSION

Level 3/4 - Monthly Review Dashboard

Hierarchy: 00000-00000-00000-00000 Cycle Ending: MM/DD/YY

Activity Name: xxxxxxxxxxxx

Number Complete

Number in Progress

Status	Level 4	Level 5	Reviewer or Default Reviewer APC Name	Status of Review	Report Card Control Conditions	Training	Exceed min. need	Personal use	Split Purchases	Exceed Authorized Limit	Prohibited Items
			TOTALS			85%	21	0	1	0	0
		hyperlink	Tom Jones	R		100%	5	0	1	0	0
		hyperlink	Sally Smith	IP		98%	0	0	0	0	0
		hyperlink	Craig Azama	NR							

Cancel Save Next

LEVEL 3 / 4 MONTHLY REVIEW DASHBOARD

DON eBusiness Operations Office : MART Application

Level 2 -Monthly Review Dashboard

Hierarchy: 00000-00000-00000-00000 Cycle Ending: MM/DD/YY Activity Name: xxxxxxxxxxxx

Number Complete Number in Progress:

Status	Activity Name	Level 3	Level 3 APC Name	Status of Review	Report Card Control Conditions	Training	Exceed min. need	Personal use	Split Purchases	Exceed Authorized Limit	Prohibited Items	OMB Q1	OMB Q2
			TOTALS			?	21	0	1	0	0	0	0
	NAVAIR	hyperlink	Tom Maras	R			5	0	1	0	0	0	0
	MSC	hyperlink	Dorothy Dean	IP			0	0	0	0	0	0	0
		hyperlink	Craig Azama	NR									

Cancel Save Next

LEVEL 2 ACTIVITY MONTHLY REVIEW DASHBOARD